FORM D 11641 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response

OMB APPROVAL

16.00

| SEC USE ONLY | | | | | |
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| Prefix | Serial I | | | | |
| DATE RECEIV | ED [| | | | |

| | UNIFORM LIMITED OFFERING EXEMP | PTION |
|--|---|---|
| Name of Offering (check if this is | an amendment and name has changed, and indicate change.) | |
| Filing Under (Check box(es) that apply): | ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 | ☐ Section 4(6) ☐ ULOE |
| Type of Filing: New Filing | Amendment | |
| | A. BASIC IDENTIFICATION DATA | 480 HAR BING 1880 BING 1880 1810 1810 1818 1818 1818 1818 181 |
| 1. Enter the information requested about | the issuer | |
| Name of Issuer (check if this is | an amendment and name has changed, and indicate change.) | |
| Apollo European Real Estate Fund II, | | 04038256 |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| c/o Apollo EU Real Estate Managemen 10019 | t II, L.P., 1301 Avenue of Americas, 38 th Floor, New York, N | YY (212) 515-3229 |
| Address of Principal Business Operations | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | | |
| Brief Description of Business | | PROCESSER |
| Real estate oriented investments | | |
| Type of Business Organization | | JUL 20 2004 |
| corporation | 🗵 limited partnership, already formed | JUL 20 2004 |
| business trust | ☐ limited partnership, to be formed | THOMSON FINANCIA |
| Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizat | or Organization: Month Year or Organization: ion: (Enter two-letter U.S. Postal Service Abbreviation for State CN for Canada; FN for other foreign jurisdiction) | ⊠ Actual ☐ Estimated |

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this formare not required to respond unless the form displays a currently valid OMB control number.



| | | TIFICATION DATA | | |
|---|--|-------------------------------------|------------------------|---|
| 2. Enter the information requested for | or the following: | | | |
| Each promoter of the issuer, if the | e issuer has been organized within the | e past five years; | | |
| Each beneficial owner having th | e power to vote or dispose, or direct th | ne vote or disposition of, 10% o | r more of a class of e | quity securities of the issuer; |
| Each executive officer and direct | or of corporate issuers and of corpora | te general and managing partne | rs of partnership issu | ers; and |
| Each general and managing parts | | | | |
| Check Box(es) that Apply: Promo | ter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Apollo EU Real Estate Advisors II, L.P. Business or Residence Address (Number and | d Street, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate Management II. | L.P., 1301 Avenue of Americas, 38t | h Floor, New York, NY 10019 |) | |
| Check Box(es) that Apply: | —————————————————————————————————————— | Executive Officer | Director | General and/or Managing Partner of the GP of the Issuer |
| Full Name (Last name first, if individual) | | | | |
| Apollo EU Real Estate Advisors GP II, LL | C | | | |
| Business or Residence Address (Number an | d Street, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate Management II. | | h Floor, New York, NY 10019 |) | ···· |
| Check Box(es) that Apply: Promot | er | Executive Officer | ⊠ Manager | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Mack, William L. Business or Residence Address (Number and | d Street, City, State, Zip Code) | | | · · · · · · · · · · · · · · · · · · · |
| c/o Apollo EU Real Estate Management II, | L.P., 1301 Avenue of Americas, 38t | h Floor, New York, NY 10019 | • | |
| Check Box(es) that Apply: | Beneficial Owner | Executive Officer | Manager | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Hannan, John J. | | | | |
| Business or Residence Address (Number an | d Street, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate Management II, | L.P., 1301 Avenue of Americas, 38t | h Floor, New York, NY 10019 | <u> </u> | |
| Check Box(es) that Apply: | Beneficial Owner | Executive Officer | ⊠Manager | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Black, Leon D. Business or Residence Address (Number an | d Street, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate Management II, | L.P., 1301 Avenue of Americas, 38t | h Floor, New York, NY 10019 | 1 | |
| Check Box(es) that Apply: Promote | | Executive Officer | ⊠Manager | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Neibart, Lee S. Business or Residence Address (Number an | d Street, City, State, Zip Code) | | | |
| | • | h en | | |
| c/o Apollo EU Real Estate Management II. Check Box(es) that Apply: | | Executive Officer | Director | General and/or |
| Full Name (Last name first, if individual) | | | | Managing Partner |
| Weiner, Michael D. | | | | |
| Business or Residence Address (Number an | d Street, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate Management II, | L.P., 1301 Avenue of Americas, 38t | h Floor, New York, NY 10019 | • | |
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| | | A. BASIC IDENT | TIFICATION DATA | | · |
|---|--------------------------|---|----------------------------------|-----------------------|--|
| 2. Enter the information | on requested for the fo | | | | ······································ |
| · | | r has been organized within the | * | | |
| Each beneficial ov | vner having the power | to vote or dispose, or direct the | e vote or disposition of, 10% or | more of a class of | equity securities of the issuer; |
| Each executive of | ficer and director of co | orporate issuers and of corporate | general and managing partner | s of partnership issu | ers; and |
| Each general and it | managing partner of p | artnership issuers. | | | _ |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Ackerman, Richard Business or Residence Addres | s (Number and Stree | t, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate M | anagement II. L.P., | 1301 Avenue of Americas, 38 th | Floor, New York, NY 10019 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Benjamin, William | | | | _ | |
| Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate M | anagement II, L.P., 1 | 301 Avenue of Americas, 38th | Floor, New York, NY 10019 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Cohen, Andrew Business or Residence Address | Number and Stree | t, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate M | anagement II, L.P., 1 | 301 Avenue of Americas, 38th | Floor, New York, NY 10019 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Jacobsson, John R.S. | | | | | |
| Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | |
| | | 301 Avenue of Americas, 38th | | | |
| Check Box(es) that Apply: | ☐Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | ndividual) | | | | |
| Koenig, Stuart F. | | | | | |
| Business or Residence Address | , | | | | |
| | | 301 Avenue of Americas, 38th | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Koenisberger, Ricardo Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate M | anagement II, L.P., 1 | 301 Avenue of Americas, 38th | Floor, New York, NY 10019 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | ndividual) | | | | |
| Mack, Richard Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | |
| / | | 2014 | m | | |

c/o Apollo EU Real Estate Management II, L.P., 1301 Avenue of Americas, 38th Floor, New York, NY 10019

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | TIFICATION DATA | | |
|---|--------------------------|---|-------------------------------------|------------------------|---------------------------------|
| 2. Enter the informati | on requested for the fo | ollowing: | | | |
| Each promoter of | the issuer, if the issue | r has been organized within the | e past five years; | | |
| Each beneficial ov | vner having the power | to vote or dispose, or direct th | e vote or disposition of, 0% or | more of a class of e | quity securities of the issuer; |
| Each executive of | ficer and director of co | orporate issuers and of corpora | te general and managing partner | rs of partnership issu | iers; and |
| Each general and: | managing partner of p | artnership issuers. | | | |
| Check Box(es) that Apply: | ☐ Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | <u> </u> |
| Navis, Patricia | | | | | |
| Business or Residence Addres | s (Number and Stree | t, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate M | anagement II. L.P., 1 | 301 Avenue of Americas, 38 ^t | h Floor, New York, NY 10019 | 1 | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or |
| Full Name (Last name first, if | | | | | Managing Partner |
| | , | | | | |
| Solotruk, Ronald J Business or Residence Addres | s (Number and Stree | t, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate M | | 301 Avenue of Americas, 38t | h Floor, New York, NY 10019 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Tortorelli, Anthony | | | | | |
| Business or Residence Addres | s (Number and Stree | t, City, State, Zip Code) | | | |
| c/o Apollo EU Real Estate M | | 301 Avenue of Americas, 38t | h Floor, New York, NY 10019 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | s (Number and Stree | t, City, State, Zip Code) | | | |
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| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | ivialiaging i aither |
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| Check Box(es) that Apply: | ☐ Promoter | Beneficial Owner | Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | , <u>,</u> | <u> </u> |
| Business or Residence Address | (Number and Street | t, City, State, Zip Code) | | | |
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| | (Use bl | ank sheet, or copy and use add | litional copies of this sheet, as n | ecessary.) | |

| | | | | | В. | INFURIV | IATION | ABOUT (| TEERIN | G | | | | | |
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| | | | | | | | | | | | | | | Yes | No |
| • | Has the issue | r sold, or d | oes the issu | er intend to | | | | | | | ••••• | •••••• | ••••• | . 🗀 | × |
| | What is the m | .: | waatmaant th | مطاللين م | | • | - | lumn 2, if fi | - | | | | | | |
| | What is the m \$ 10,000,000 | | | | | | | | | | *************** | ••••• | | Yes | No |
| \$_10.000,000* * provided that Fund may accept smaller investments in its discretion Does the offering permit joint ownership of a single unit? | | | | | | | X | | | | | | | | |
| | Enter the informuneration agent of a broto be listed ar | ormation if for solicita ker or deal | equested for ation of pure er registere | or each pe chasers in o d with the | erson who is connection SEC and/or | has been owith sales with a star | or will be of securitie te or states, | paid or giv s in the offe list the nar | ven, directlering. If a propertion of the br | y or indire person to b oker or dea | ectly, any o e listed is a aler. If mor | commission an associate | or simila d person o | r | |
| ull l | Vame (Last na | me first, if | individual) | | | | | | | | | | | | |
| | Applicable | | | | | | | | | | | | | | |
| usii | ess or Reside | nce Addres | ss (Number | and Street, | City State, | Zip Code) | | | | | | | | | |
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| am | of Associate | d Broker o | r Dealer | | | | | | | | | | | | |
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| tate | in Which Per | rson Listed | Has Solicit | ed or Inter | ds to Solic | it Purchase | s | | | | | | | | |
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| | [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |
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| | [RI] Name (Last na | [SC] me first, if | [SD] individual) | [TN] | [TX] | [บา] | [VT] | | | | | | | | |
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| usii | [RI] Name (Last na less or Reside e of Associates s in Which Per | [SC] me first, if nce Addres d Broker of | [SD] individual) is (Number Dealer Has Solicit | [TN] and Street, | City State, | Zip Code) | [VT] | [VA] | | | | | [PR] | All Si | ates |
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Equity \$ ☐ Preferred Common Convertible Securities (including warrants)......\$____ \$ 245,750,000 Total \$ up to 500,000,000 \$ 245,750,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors _______ 16 \$_245,750,000 Non-accredited Investors _______ Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by 3 the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1. Dollar Amount Type of Security Type of offering Sold Rule 505 N/A \$<u>N/A</u> Regulation A N/A \$<u>N/A</u> Rule 504 N/A \$N/A \$N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs.... $|\mathbf{X}|$ Legal Fees. Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately). \$ (2) \boxtimes Other Expenses (identify) corporate, travel; accounting; misc. \boxtimes \$1,000,000 (1) The Issuer will bear all of the legal, travel and other organizational expenses incurred in the formation of the Issuer up to a maximum amount of

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$1 million. Organizational expenses in excess of this amount, if any, will be borne by the General Partner of the Issuer.

(2) Apollo EU Real Estate Management II, L.P., the manger of the Issuer, will be responsible for sales commissions, if any.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | and total expenses furnished in response to Part | ate offering price given in response to Part C - Question 1 C - Question 4.a. This difference is the "adjusted gross" | | \$ <u>up t</u> | to 499,000,000 |
|------------|---|---|---|--|-----------------------|
| 5. | of the purposes shown. If the amount for any pur | proceeds to the issuer used or proposed to be used for each roose is not known, furnish an estimate and check the box nents listed must equal the adjusted gross proceeds to the b above. | | | |
| | | | | Payments to Officers, Directors, and Affiliates | Payments to Others |
| | Salaries and fees | | X | \$(1) | □ \$ |
| | Purchase of real estate | | | \$ | □ s |
| | Purchase, rental or leasing and installation of mad | chinery and equipment | | \$ | □ s |
| | Construction or leasing of plant buildings and fac | ilities | | \$ | □ s |
| | Acquisition of other businesses (including the val may be used in exchange for the asset or securiti | lue of securities involved in this offering that es of another issuer pursuant to a merger) | | \$ | ⊠\$_(2) |
| | Repayment of indebtedness | | | \$ | □ s |
| | Working capital | | | \$ | \$500,000 |
| | Other (specify): | | | \$ | □ s |
| | Column Totals | | | \$ | □ s |
| | Total Payments Listed (column totals added) | | | ⊠ \$ <u>up</u> | to 499,000.000 |
| (1) (2) | | affiliate of the general partner and the Issuer, will recei fees and other ongoing operating expenses, substantially te investments. | | _ | |
| | | D. FEDERAL SIGNATURE | | | |
| an ui | | e undersigned duly authorized person. If this notice is filed ities and Exchange Commission upon written request of its of Rule 502. | | | |
| Issue | er (Print or Type) | Signature | | Date | |
| Apol | llo European Real Estate Fund II, L.P. | flunt loeming | | July 15, 2004 | 1 |
| Nam | e of Signer (Print or Type) | Title of Signer (Print or Type) | | | |
| Stua | rt Koenig | Vice President of Apollo EU Real Estate Advisors GP II Estate Advisors II, L.P., the general partner of the Issue | | C, the general partr | ner of Apollo EU Real |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)